PART B - FEE(S) TRANSMITTAL

JAN 1 7 2006 Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

	an Ean	Alexandria, Virginia 22313-1450 (571) 273-2885			
CTIONS: This form should be used	d for transmitting the ISSI	or <u>Fax</u>	(3/1) 2/3-2003	uired) Blocks I through 5	hould be completed when
appropriate. All further correspondence inclu- indicated unless corrected below or directed maintenance fee notifications.	ding the Patent, advance or otherwise in Block 1, by (a	rders and notification a) specifying a new	on of maintenance fees correspondence addres	will be mailed to the current s; and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for
-	e block 1 for any change of address)	· ·	Note: A certificate of Fee(s) Transmittal. T	f mailing can only be used f his certificate cannot be used nal paper, such as an assignm te of mailing or transmission.	or domestic mailings of the
7590 117	/18/2005			_	
NATH & ASSOCIATES 1030 15TH STREET NW SIXTH FLOOR			I hereby certify that states Postal Service addressed to the Ma	ertificate of Mailing or Trans this Fee(s) Transmittal is bein with sufficient postage for fir all Stop ISSUE FEE address PTO (571) 273-2885, on the	smission g deposited with the Unite st class mail in an envelop above, or being facsimil
WASHINGTON, DC 20005 18/2006 MBEYENE2 00000171 09529348			transmitted to the US	PTO (571) 273-2885, on the	date indicated below. (Depositor's name)
C:1501 1400.0	\^		-		(Signature)
)O OP				(Date)
APPLICATION NO. FILING DAT	ГЕ	FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/529,348 06/07/200	0	IDAN SOBO	L	24215	7233
APPLN. TYPE SMALL ENTI nonprovisional NO	1TY ISSUE F \$1400		PUBLICATION FEE \$0	TOTAL FEE(S) DUE \$1400	DATE DUE 02/21/2006
EXAMINER	ART UN			יייי	02/21/2000
LAMB, TWYLER MARIE	2622		CLASS-SUBCLASS 358-001160	J	
1. Change of correspondence address or indicate			·-··		
CFR 1.363).			n the patent front page, I f up to 3 registered pate	μαζιι α ν	ssociates P
Change of correspondence address (or C Address form PTO/SB/122) attached.	hange of Correspondence	or agents OR, al	ternatively,	•	M. Nath
		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Gary M. Nath 3 Gregory B. Kang			
☐ "Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required.	ess" Indication form sched. Use of a Customer	¿ registered pate	nt attorneys or agents. I		ry B. Kang
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA	TA TO BE PRINTED ON T	listed, no name v	nt attorneys or agents. It will be printed. t or type)	³ Grego	
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA	TA TO BE PRINTED ON T	listed, no name v	nt attorneys or agents. It will be printed. t or type)	³ Grego	
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required.	TA TO BE PRINTED ON 1 entified below, no assignce impletion of this form is NO	2 registered pate listed, no name v IHE PATENT (prin data will appear on T a substitute for file	nt attorneys or agents. It will be printed. t or type)	nee is identified below, the d	
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Co	TA TO BE PRINTED ON Tentified below, no assignee impletion of this form is NO	2 registered pate listed, no name v IHE PATENT (prin data will appear on T a substitute for file	nt attorneys or agents. It will be printed. t or type) the patent. If an assiging an assignment. ITY and STATE OR CO	nee is identified below, the d	
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Cor	TA TO BE PRINTED ON Tentified below, no assignce impletion of this form is NO	registered pate listed, no name value listed, no name value value appear on T a substitute for file process (City) RESIDENCE: (City)	tor type) the patent. If an assign an assignment. TY and STATE OR CO	nee is identified below, the do	ocument has been filed fo
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Con (A) NAME OF ASSIGNEE MULTITEXT LTD. Please check the appropriate assignee category 4a. The following fee(s) are enclosed:	TA TO BE PRINTED ON Tentified below, no assignee impletion of this form is NO (B) or categories (will not be printed)	THE PATENT (prin data will appear on T a substitute for files) RESIDENCE: (Control of the Patent) inted on the patent) Payment of Fee(s)	tor type) the patent. If an assiging an assignment. ITY and STATE OR CO Israel Individual	nee is identified below, the doubtry) Corporation or other private grounds.	ocument has been filed fo
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Con (A) NAME OF ASSIGNEE MULTITEXT LTD. Please check the appropriate assignee category 4a. The following fee(s) are enclosed:	TA TO BE PRINTED ON Tentified below, no assignee impletion of this form is NO (B) or categories (will not be printed by the pr	THE PATENT (prindata will appear on T a substitute for file to the patent). The 1-Aviv, inted on the patent). Payment of Fee(s)	tor type) the patent. If an assigng an assignment. TY and STATE OR CO ISTAEL Individual QC amount of the fee(s) is en	nee is identified below, the doubtry) Corporation or other private granuclosed.	ocument has been filed fo
"Fee Address" indication (or "Fee Addres PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Con (A) NAME OF ASSIGNEE MULTITEXT LTD. Please check the appropriate assignee category 4a. The following fee(s) are enclosed: Missue Fee Publication Fee (No small entity discoun	TA TO BE PRINTED ON Tentified below, no assignee impletion of this form is NO (B) or categories (will not be printed by the pr	THE PATENT (prin data will appear on T a substitute for files) RESIDENCE: (Circled Aviv, inted on the patent) D. Payment of Fee(s) A check in the interpretation of the payment by creen and the	tor type) the patent. If an assiging an assignment. TY and STATE OR CO ISTAEL Individual QC amount of the fee(s) is edit card. Form PTO-203	nee is identified below, the doubtry) Corporation or other private granclosed. 8 is attached.	ocument has been filed fo
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Cor (A) NAME OF ASSIGNEE MULTITEXT LTD. Please check the appropriate assignee category 4a. The following fee(s) are enclosed: XMssue Fee Publication Fee (No small entity discount and appropriate assignee category) Advance Order - # of Copies 10	TA TO BE PRINTED ON Tentified below, no assignee impletion of this form is NO (B) or categories (will not be printed by the pr	THE PATENT (prin data will appear on T a substitute for files) RESIDENCE: (Circled Aviv, inted on the patent) D. Payment of Fee(s) A check in the interpretation of the payment by creen and the	tor type) the patent. If an assiging an assignment. TY and STATE OR CO ISTAEL Individual QC amount of the fee(s) is edit card. Form PTO-203	nee is identified below, the doubtry) Corporation or other private granuclosed.	ocument has been filed fo
"Fee Address" indication (or "Fee Addres PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Con (A) NAME OF ASSIGNEE MULTITEXT LTD. Please check the appropriate assignee category 4a. The following fee(s) are enclosed: Missue Fee Publication Fee (No small entity discoun	TA TO BE PRINTED ON Tentified below, no assignee impletion of this form is NO (B) or categories (will not be price) at permitted)	2 registered pate listed, no name of the PATENT (prindata will appear on T a substitute for file) RESIDENCE: (Circl-Aviv, inted on the patent) D. Payment of Fee(s) A check in the circle Payment by cre The Director is Deposit Account N	that attorneys or agents. It will be printed. tor type) the patent. If an assiging an assignment. ITY and STATE OR CO ISTAE! Individual QC: amount of the fee(s) is endit card. Form PTO-203 thereby authorized by comber 14=0113	nee is identified below, the doubtry) Corporation or other private granclosed. 8 is attached.	ocument has been filed for bup entity Government Government Government Government, to opy of this form).
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DA PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Con (A) NAME OF ASSIGNEE MULTITEXT LTD. Please check the appropriate assignee category 4a. The following fee(s) are enclosed: Mssue Fee Publication Fee (No small entity discount Advance Order - # of Copies 10 5. Change in Entity Status (from status indical)	TA TO BE PRINTED ON Tentified below, no assignee empletion of this form is NO or categories (will not be printed below). It permitted)	2 registered pate listed, no name volume to listed and large to listed and l	tor type) the patent. If an assiging an assignment. TY and STATE OR CO ISTAEL Individual QC amount of the fee(s) is endit card. Form PTO-203 thereby authorized by cumber 14-0113 no longer claiming SMA	nee is identified below, the doubtry) Corporation or other private granclosed. 8 is attached. Charge the required fee(s), or (enclose an extra content of the content of	ocument has been filed for bup entity Government Government Government, to opy of this form).
"Fee Address" indication (or "Fee Addre PTO/SB/47; Rev 03-02 or more recent) atta Number is required. 3. ASSIGNEE NAME AND RESIDENCE DAY PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Con (A) NAME OF ASSIGNEE MULTITEXT LTD. Please check the appropriate assignee category 4a. The following fee(s) are enclosed: MSsue Fee Publication Fee (No small entity discount Publica	TA TO BE PRINTED ON Tentified below, no assignee empletion of this form is NO or categories (will not be printed below). It permitted)	2 registered pate listed, no name volume to listed and large to listed and l	tor type) the patent. If an assiging an assignment. TY and STATE OR CO ISTAEL Individual QC amount of the fee(s) is endit card. Form PTO-203 thereby authorized by cumber 14-0113 no longer claiming SMA	nee is identified below, the doubtrry) Corporation or other private grantlessed. Sharge the required fee(s), or (enclose an extra country) LL ENTITY status. See 37 Country paid issue fee to the applications or the private grantless of the state of t	ocument has been filed for bup entity Government Government Government, to opy of this form).

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.